PREPARTICIPATION PHYSICAL EVALUATION FORM

Note: This e-PPE Report is an extraction of information provided by the parent and athlete on the OHSAA Preparticipation Physical Evaluation Form. The medical examiner should keep this report in the chart.

Date of Examination:

Name: Nihal Akyuz **Date of Birth:** 2/26/2008 **Age:** 15 **Grade:** 10

School: Mayfield High School **Sport(s):** Girls Gymnastics

Sex assigned at birth (F, M, or intersex): How do you identify your gender? (F, M, or other):

List Past Surgeries & Injuries

none

List all current Medicines & Supplements

None

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Underline response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	**3**
Not being able to stop or control worrying	0	1	**2**	3
Little interest or pleasure in doing things	0	**1**	2	3
Feeling down, depressed, or hopeless	0	**1**	2	3

(A sum of >=3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS	
Have you ever had surgery or serious sports injury?	No
Has a doctor ever denied or restricted your participation in sports for any reason?	No

List Past & Current Health Conditions

Allergies or Reactions	No
Asthma	No
Diabetes	No
Headaches (frequent)	No
Seizures/Epilepsy	No
Vision Problems	No
Hearing Problems	No
Ear Infections (frequent after age 3)	No
Bladder Problems	No
Bowel Problems	No
Heart Condition	No
Kidney Disease	No

Spinal Issues (scoliosis, etc.) *Currently under the care of an orthopedic doctor* *Explanation:* ***I will go to the checking***	**Yes** No
Spinal Bifida	No
Osteopenia or Osteoporosis	No
Muscle Spasticity	No
Numbness (arms, hands, legs, or feet)	No
Weakness (arms, hands, legs, or feet)	No
Blood Disorder	No
Missing/Malfunctioning Organs (kidney, eye, testical (males), spleen, etc.)	No
Enlarged Spleen	No
Hepatitis	No
Tics/Nervous Twitches	No

Additional Past & Current Health Questions/Concerns

none

HEART HEALTH QUESTIONS ABOUT YOU	
Have you ever passed out or nearly passed out DURING or AFTER exercise?	No
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	No
Does your heart ever race or skip beats (irregular beats) during exercise? *Explanation:* ***When i run my heart start speeding so fast so easily.***	**Yes**
Has a doctor ever told you that you have any heart problems?	No
Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	No
Do you get light-headed or feel shorter of breath than your friends during exercise?	No
Have you ever had a seizure?	No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years? (including drowning or unexplained car crash)	No
Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	No
Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	No

COVID-19 QUESTIONS ABOUT YOU	
Has Had Covid *Has Been Covid Cleared* *Has Ongoing Covid Medical Conditions* *Positive Covid Test Date:* ***2021-12-17***	**Yes** No No
Has Been Covid Restricted	No
Has Covid Vaccine *Covid Vaccine Dose 1 Date:* ***2021-09-21*** *Covid Vaccine Dose 2 Date:* ***2021-10-05***	**Yes**

BONE AND JOINT QUESTIONS

Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	No
Do you have a bone, muscle, ligament, or joint injury that bothers you?	No
Do you regularly use a brace, an assistive device, or a prosthetic device for sports or daily activities?	No

MEDICAL QUESTIONS	
Do you cough, wheeze, or have difficulty breathing during or after exercise? *Explanation:* ***It can be hard to breathe sometimes.***	**Yes**
Missing/Malfunctioning Organs (kidney, eye, testical (males), spleen, etc.)	No
Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	No
Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	No
Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	No
Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	No
Have you ever become ill while exercising in the heat?	No
Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness?	
Do you or does someone in your family have sickle cell trait or disease?	No
Have you ever had, or do you have any problems with your eyes or vision? *Explanation:* ***I will gonna use glasses for during the class.***	**Yes**
Do you ever worry about weight? *Are you trying to or has anyone recommended that you gain or lose weight?* *Are you on a special diet or do you avoid certain types of foods or food groups?* *Explanation:* ***I lost three kilos and I don't think it's appropriate for my age.***	**Yes** **Yes** No
Are you trying to or has anyone recommended that you gain or lose weight?	**Yes**
Are you on a special diet or do you avoid certain types of foods or food groups?	No
Have you ever had an eating disorder?	No

Menstrual Cycle Questions

Athlete first had a menstrual cycle when she was 5th grade-12 years old and has had 23 in the past 12 months, most recently one week ago.

Special Needs and Disabilities Questions

No special needs or disabilities.

Additional Questions as authorized by the Ohio High School Athletic Association - These questions were not a part of the revised 5th edition PPE as authored by the American Academy of Pediatrics.

1. On average, how many days/week do you engage in moderate to strenuous exercise (makes you breathe heavily or sweat)?

0 days

2. On average, how many minutes per week do you engage in exercise at this level?

0 minutes

Signatures

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION – Ohio High School Athletic Association – 2023-2024

PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____ Grade in School: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: □ Y □ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, DC, NP, or PA

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PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION – 2023-2024

MEDICAL ELIGIBILITY FORM

Name: _____ Date of Birth: _____ Grade in School: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date of Exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, DC, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

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